Individual:_____ Date Completed/ Updated: _____

CONSUMER SERVICE PLAN

A. SOCIAL ASSESSMENT

1. PHYSICAL / MENTAL HEALTH AND BEHAVIOR ISSUES

Current Situation and Strengths	Priority Desires/ Services and Supports

Individual:_____ Date Completed/ Updated:_____

2. FINANCIAL, INSURANCE, TRANSPORTATION, OTHER RESOURCES

Current Situation	Priority Desires/ Services and Supports

3. HOME AND DAILY LIVING

Current Situation and Strengths	Priority Desires/ Services and Supports

4. EDUCATION AND VOCATION

Current Situation and Strengths	Priority Desires/ Services and Supports

5. LEISURE AND RECREATION

Current Situation and Strengths	Priority Desires/ Services and Supports

Individual:_____Date Completed/ Updated:_____

6. RELATIONSHIPS AND SOCIAL SUPPORTS

Current Situation and Strengths	Priority Desires/ Services and Supports

7. LEGAL ISSUES AND GUARDIANSHIP

Current Situation	Priority Desires/ Services and Supports

8. INDIVIDUAL EMPOWERMENT, ADVOCACY, AND VOLUNTEERISM

Current Situation and Strengths	Priority Desires/ Services and Supports

9. ADDITIONAL INFORMATION

CONSUMER SERVICE PLAN

B. **SELECTED GOALS/ DESIRED OUTCOMES**

The goals selected should be global in nature and reflect the lifestyle outcomes the individual desires three to five years in the future. Priorities and preferences within each domain should be considered. The selection of personal goals is not based on available resources or the individual's need for supervision or supports, but on his or her own dreams and desires.

C. **INDIVIDUAL SERVICE PLANS**

An Individual Service Plan must be completed for each MR Community Medicaid service and included as a component of the CSP.

Following the selection of goals and desired outcomes, complementary services and supports are identified and considered by the individual (and family, as appropriate). An Individual Service Plan (ISP) for each MR Community Medicaid Service, including Case Management, is incorporated into the CSP and maintained by the Case Manager. Each ISP is developed with the individual, case manager, and service provider and addresses one or more of the Selected Goal(s)/Desired Outcome(s), as identified on the CSP. Objectives reflecting the steps to attain these goals, as well as activities/strategies that are meaningful to the person are described on the ISP. Each ISP must be based on the current information outlined in the CSP and reflect the person's desires, input, and other functional assessment information gathered by the individual service provider.
Each Provider is responsible for ensuring that the Case Manager has a current copy of the ISP.

Individual:_____ Date Completed/ Updated:_____

CONSUMER SERVICE PLAN

D. **DOCUMENTATION OF AGREEMENT**

A Documentation of Agreement, or signature page, completes the CSP. This is signed and dated by all persons participating in the development and/or implementation of the A) Social Assessment B) Primary Goals and C) ISPs.

We, the undersigned, have participated in the review of this Consumer Service Plan and agree that the services recommended and responsibilities designated will be implemented.

_____ _____
Individual Date

_____ _____
Case Manager Date

_____ _____ _____
Parent/ Guardian/ Caregiver Relationship Date

_____ _____ _____
Team Member Relationship Date

_____ _____ _____
Team Member Relationship Date

_____ _____ _____
Team Member Relationship Date

_____ _____ _____
Team Member Relationship Date

_____ _____ _____
Team Member Relationship Date

Additional Comments:

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